



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

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EMANUELE ET AL.

APR 26 2004

Application No. 09/929,819

OFFICE OF PETITIONS

Filed: August 14, 2001

For: THERAPEUTIC DELIVERY COMPOSITIONS  
AND METHODS OF USE THEREOF

Art Unit: 1635

Examiner: R. Schnizer

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

The above-identified applicant respectfully requests a three-month extension of time within which to file a response to the Office Action dated January 30, 2003, to expire July 30, 2003. A check in the amount of \$475 is enclosed herewith to cover the fee for a three-month extension.

Please charge any additional fees, or credit any overpayment, to Deposit Account 11-0855. A duplicate copy of this sheet is attached.

04/23/2004 MBLAND 00000013 09929819

01 FC:2253 475.00 OP

Adjustment date: 05/12/2004 AKELLEY  
04/23/2004 MBLAND 00000013 09929819  
FC:2253 -475.00 OP

Respectfully submitted,

*Sima Singadia Kulkarni*  
Sima Singadia Kulkarni  
Reg. No. 43,732

KILPATRICK STOCKTON LLP  
1100 Peachtree Street  
Suite 2800  
Atlanta, Georgia 30309-4530  
(404) 815-6500  
Our Docket: 19720-0626 (42896-262529)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 20, 2004.

*Sima Singadia Kulkarni*  
Sima Singadia Kulkarni - Reg. No. 43,732

05/12/2004 AKELLEY 0008432200  
Ref: 110855 Nat: 09929819  
FC: 9204 \$475.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/11/04</u>		2 Serial/Patent # <u>09 9298789</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
✓	Extension of Time	#8	4/22/04	\$ 475.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 475.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
✓	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> </tr> </table>			1	1	--	0	8	5	5
1	1	--	0	8	5	5					
✓	No Fee Due (Explanation):										
<div style="font-family: cursive; font-size: 1.2em;">Extension of time not filed within maximum extendable timeframe.</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-0482</u>									
OFFICE: <u>Petitions</u>											
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APPROVED: <u>[Signature]</u>		DATE: <u>5/12/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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